



RE/MAX[®]
Professionals, Inc.
 Littleton, Colorado
 (303) 932-3306



THIS FORM HAS IMPORTANT LEGAL CONSEQUENCES AND THE PARTIES SHOULD CONSULT LEGAL AND TAX OR OTHER COUNSEL BEFORE SIGNING.

SELLER'S PROPERTY DISCLOSURE
(ALL TYPES OF PROPERTIES)

THIS DISCLOSURE SHOULD BE COMPLETED BY SELLER, NOT BY BROKER.

Seller states that the information contained in this Disclosure is correct to the best of Seller's CURRENT ACTUAL KNOWLEDGE as of this Date. Any changes will be disclosed by Seller to Buyer promptly after discovery. Seller hereby receipts for a copy of this Disclosure. If the Property is part of a Common Interest Community, this Disclosure is limited to the Property or Unit itself, except as stated in Section L. Broker may deliver a copy of this Disclosure to prospective buyers.

Note: If an item is not present at the Property insert "N/A" in the Comments column. The Contract to Buy and Sell Real Estate, not this Disclosure form, determines whether an item is included or excluded.

Date: January 12, 2008
 Property Address: 5394 SOUTH JAY DRIVE DENVER COLORADO 80123
 Seller: DANIEL E. LINSTEDT AND JULIE LINSTEDT

I. IMPROVEMENTS

If this box is checked, there are no structures or improvements on the Property; do not complete Sections A - G.

| A. STRUCTURAL CONDITIONS | Yes | No | Do Not Know | COMMENTS |
|--|-----|----|-------------|--------------------------------|
| 1 Structural problems | | X | | |
| 2 Moisture and/or water problems | | X | | |
| 3 Damage due to termites, other insects or rodents | | X | | |
| 4 Damage due to hail, wind, fire or flood | | X | | |
| 5 Cracks, heaving or settling problems | | X | | |
| 6 Exterior wall or window problems | | X | | |
| 7 Exterior Artificial Stucco (EIFS) | | X | | |
| 8 Any additions or alterations made | X | | | N/A Deck Built w/out Permit |
| 9 Building code violations | | X | | |

| B. ROOF | Yes | No | Do Not Know | COMMENTS |
|--|-----|----|-------------|----------|
| 1 Roof problems | | X | | |
| 2 Roof material <u>Asphalt Comp</u> Age <u>8yrs</u> | | | | |
| 3 Roof leak: Past | | X | | |
| 4 Roof leak: Present | | X | | |
| 5 Damage to roof: Past | | X | | |
| 6 Damage to roof: Present | | X | | |
| 7 Roof under warranty until _____ . Transferable _____ | | X | | |
| 8 Roof work done while under current roof warranty | | X | | |
| 9 Skylight problems | | X | | N/A |
| 10 Gutter or downspout problems | | X | | |

IN WORKING CONDITION

| C. APPLIANCES | Yes | No | Do Not Know | Age If Known | COMMENTS |
|---|-----|----|-------------|--------------|-------------------|
| 1 Built-in vacuum system & accessories | | | | | N/A |
| 2 Clothes dryer | | | | | N/A |
| 3 Clothes washer | | | | | N/A |
| 4 Dishwasher | X | | | | |
| 5 Disposal | X | | | | |
| 6 Freezer | | | | | |
| 7 Gas Grill | | | | | N/A |
| 8 Hood | X | | | | N/A DOWN DRAFT |
| 9 Microwave oven | X | | | | |
| 10 Oven | X | | | | |
| 11 Range | X | | | | |
| 12 Refrigerator | X | | | | |
| 13 T.V. antenna: <input type="checkbox"/> Owned <input type="checkbox"/> Leased | | | | | N/A |
| 14 Satellite system or DSS dish: <input type="checkbox"/> Owned <input type="checkbox"/> Leased | | | | | N/A |
| 15 Trash Compactor | | | | | N/A |

The printed portions of this form, except *differentiated* additions, have been approved by the Colorado Real Estate Commission. (SPD 19-8-07) (Mandatory 1-06)

RE/MAX Professionals, Inc.

Buyer's Initials: _____
 3:37 PM 1/9/2008

Seller's Initials: [Signature] 0246 0734415170090

| | | IN WORKING CONDITION | | | | |
|----|--|----------------------|----|-------------|--------------|-------------|
| D. | ELECTRICAL & TELECOMMUNICATIONS | Yes | No | Do Not Know | Age If Known | COMMENTS |
| 1 | Security system: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased | X | | | | |
| 2 | Smoke/fire detectors: <input checked="" type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwire | X | | | | |
| 3 | Light fixtures | X | | | | |
| 4 | Switches & outlets | X | | | | |
| 5 | Aluminum wiring | | | | | N/A |
| 6 | Electrical: Phase <u>1</u> Voltage <u>220</u> | X | | | | N/A |
| 7 | Telecommunications (T1, fiber, cable, satellite) | X | | | | N/A |
| 8 | Inside telephone wiring & blocks/jacks | X | | | | |
| 9 | Abandoned communication cables: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | N/A |
| 10 | Ceiling fans | X | | | | |
| 11 | Garage door opener | X | | | | |
| 12 | Garage door control(s) # <u>3</u> | X | | | | |
| 13 | Intercom (doorbell) | X | | | | no intercom |
| 14 | In-wall speakers | X | | | | |
| 15 | 220 volt service | X | | | | |
| 16 | Landscape lighting | | | | | N/A |

| | | IN WORKING CONDITION | | | | |
|----|---|----------------------|----|-------------|--------------|-------------|
| E. | MECHANICAL | Yes | No | Do Not Know | Age If Known | COMMENTS |
| 1 | Air conditioning: | | | | | |
| | Evaporative cooler | | | | | N/A |
| | Window units | | | | | N/A |
| | Central | X | | | | |
| | Computer room | | | | | N/A |
| 2 | Attic/whole house fan | | | | | N/A |
| 3 | Vent fans | X | | | | |
| 4 | Humidifier | X | | | | 2 on heater |
| 5 | Air purifier | | | | | N/A |
| 6 | Sauna | | | | | N/A |
| 7 | Hot tub or spa | X | | | | |
| 8 | Steam room/shower | | | | | N/A |
| 9 | Pool | | | | | N/A |
| 10 | Heating system: | | | | | |
| | Type <u>Forced Air</u> Fuel <u>GAS</u> | X | | | | |
| | Type _____ Fuel _____ | | | | | |
| 11 | Water heater: Number of <u>2</u> | | | | | |
| | Fuel type <u>GAS</u> Capacity <u>50 GAL</u> | X | | | | |
| 12 | Fireplace: Type <u>GAS</u> Fuel <u>Forced</u> | X | | | | |
| 13 | Fireplace insert | | | | | N/A |
| 14 | Stove: Type _____ Fuel <u>GAS</u> | X | | | | |
| 15 | When was fireplace/wood stove, chimney/flue last cleaned: | | | | | |
| | Date: _____ <input type="checkbox"/> Do not know | | | | | N/A |
| 16 | Fuel tanks: <input type="checkbox"/> Owned <input type="checkbox"/> Leased | | | | | N/A |
| 17 | Radiant heating system: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior | | | | | N/A |
| | Hose Type _____ | | | | | |
| 18 | Overhead door | X | | | | |
| 19 | Entry gate system | | | | | N/A |
| 20 | Elevator/escalators | | | | | N/A |
| 21 | Lift/hoist/crane | | | | | N/A |

| | | IN WORKING CONDITION | | | | |
|----|---|----------------------|----|-------------|--------------|-------------------------------------|
| F. | WATER, SEWER & OTHER UTILITIES | Yes | No | Do Not Know | Age If Known | COMMENTS |
| 1 | Water filter system: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased | X | | | | Under Under Kitchen Sink |
| 2 | Water softener: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased | X | | | | Whole House |
| 3 | Sewage problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know | | | | | |
| 4 | Lift station (sewage ejector pump) | | | | | N/A |
| 5 | Drainage, storm sewers, retention ponds | | | | | N/A |
| 6 | Gray water storage/use | | | | | N/A |
| 7 | Plumbing problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know | | | | | |
| 8 | Sump pump | X | | | | |
| 9 | Underground sprinkler system | X | | | | |
| 10 | Fire sprinkler system | | | | | N/A |

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